

MINUTES
of the
Mental Health Planning Advisory Council
and the
Mental Health and Developmental Services Commission
joint meeting on
February 6, 2003
held at
Holiday Inn Diamonds Casino
Tahoe Room
1000 E 6th Street
Reno, NV 89512

I. CALL TO ORDER, ROLL CALL, INTRODUCTIONS

David Ward, Chair of the Mental Health and Developmental Services (MHDS) Commission, called the meeting to order at 1:05 pm.

Council members present:

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| • Aitken, Nancy | • Johnson, Rosetta |
| • Bennett, Bob | • Legier, Barbara |
| • Caloiaro, Dave | • Rodriguez, Jenita |
| • Clark, Jerry | • Karen Taycher |
| • Cooley, Judge W. | • Thomas, Alyce |
| • Crowe, Kevin | • Uptergrove, Anna |
| • Jackson, Barbara | • Whitley, Richard |

Council members absent:

- | | |
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| • Dopf, Gloria | • Parra, Debbie |
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Guests from the MHDS Commission:

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| • Albers, Eric | • McCraw, Joan |
| • Brailsford, John | • Ward, David |

Staff and others in attendance:

- Cotton, Ed – DCFS
- Hernandez, Kim – Nevada PEP
- St. Amant, Janet – Health Division
- Vilt, Jim – Nevada Disability Advocacy and Law Center (NDALC)
- Zeiser, Andrew – Administrative Consultant

II. BRIEF REVIEW OF MHPAC AND MHDS COMMISSION ROLES AND RESPONSIBILITIES

Alyce Thomas began by briefly reviewing the three federally mandated duties of the MHPAC:

1. Review the State Mental Health Plan.
2. Serve as an advocate for adults with SMI, children with SED, and others with mental illnesses and emotional problems.
3. Monitor, review, and evaluate the allocation and adequacy of mental health services.

David Ward then briefly reviewed the purpose of the MHDS Commission, which was created by the Legislature in the mid 1980s. The Commission works to examine services provided to persons with mental illness and developmental disabilities. David explained that developmental disabilities include mental retardation and related conditions such as autism. Commissioners are appointed by the Governor for six-year terms. Representation categories include the following:

- Psychiatrist
- Psychologist
- Physician
- Social worker
- Registered nurse
- Marriage and Family Therapist
- A member of the general public representing mental health interests
- A member of the general public representing developmental disability interests

Currently, two commissioners are from the north, five from the south, and the newest is from Elko. David said he believes the Commission exists to provide a perspective on service provision that is not politically driven. He then reviewed the key duties of the Commission as follows:

1. Establish policies to ensure adequate development and administration of services for persons with mental illness, mental retardation, and related conditions, including services to prevent mental illness and mental retardation and related conditions and services provided without admission to a facility or institution.
2. Set policies for the care and treatment of mentally ill persons, and mentally retarded persons and persons with related conditions provided by all state agencies.
3. Review the programs and finances of the Division.

4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on the quality of care and treatment provided for persons with mental illness, mental retardation, and related conditions in this state and on any progress made toward the quality of that care and treatment.

David then differentiated between the assigned duties of the Commission and other activities within its purview:

1. Collect and disseminate information pertaining to mental health, mental retardation, and related conditions.
2. Request legislation pertaining to mental health, mental retardation, and related conditions.
3. Investigate complaints about the care of any person in a public facility for the treatment of the mentally ill, mentally retarded, or persons with related conditions.
4. Accept, as authorized by the Legislature, gifts and grants of money and property.
5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of persons with mental illness, mental retardation, and related conditions provided through state agencies, hospitals, and clinics.
6. Promote programs for the treatment of persons with mental illness, mental retardation, and related conditions and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, mental retardation, and related conditions.
7. Create a plan to coordinate the services for the treatment of persons with mental illness, mental retardation, and related conditions provided in this state and to provide continuity in the care and treatment provided.
8. Establish and maintain an appropriate program, which provides information to the general public concerning mental illness, mental retardation, and related conditions, and consider ways to involve the general public in the decisions concerning the policy on mental illness, mental retardation, and related conditions.
9. Compile statistics on mental illness and study the cause, pathology, and prevention of those illnesses and conditions.
10. Establish programs to prevent or postpone the commitment of residents of this state to facilities for the treatment of persons with mental illness, mental retardation, and related conditions.
11. Evaluate the future needs of this state concerning the treatment of mental illness, mental retardation, and related conditions and develop ways to improve the treatment already provided.
12. Take any other action necessary to promote mental health in this state.

Dave noted that in the past, the Commission served as a sounding board for mental health and developmental disability issues. Now, however, they are working to be proactive to ensure persons with mental illness and developmental disabilities receive the best care possible in Nevada. He is pleased to be the Chair of the group now that it is more active and working to speak out on key issues.

III. BUDGET AND LEGISLATIVE UPDATES

Alyce Thomas began by asking Kevin Crowe to briefly review the issues presented by Carlos Brandenburg during yesterday's Council meeting. Rosetta Johnson interjected to ask about coordinating with the Commission on common goals. Alyce said this is one of the goals of today's meeting and will be discussed under agenda item five. David Ward commented that Alyce attends most of the MHDS Commission meetings and reports on the Council's activities regularly, so the Commission is generally aware of the Council's work.

Alyce then asked Kevin to begin. He explained that Carlos attended the meeting yesterday and presented information on the MHDS budget to the Council members, as it was submitted to the Legislature. Kevin referred specifically to the report distributed by Carlos yesterday, the MHDS Budget Presentation for the 2004 – 05 Biennium, and then distributed copies of the MHDS 2002 Biennial Report. He pointed out that although the Governor's proposed budget projects a large increase for MHDS, this has to be contrasted with the unmet needs in the State. He also explained that the increase is offset by the 3% budget cut mandated during 2002.

Kevin then highlighted key issues in the south, noting that medical emergency room wait times average 30 to 40 hours for emergency mental health services. Responding to this requires expanding Psychiatric Emergency Services (PES) staff and developing a mobile response team to help provide referrals in area hospitals. He also discussed the need to expand the Program for Assertive Community Treatment (PACT) Team. Kevin then reviewed statistical projections for caseload growth. He explained that they are based on a sophisticated model and are not artificially inflated.

He also brought up the upgrade of the Management Information System (MIS) for MHDS. The old system, Advanced Institutional Management System (AIMS), is outdated and cumbersome to use. He also explained the need for the State to come into compliance with the Health Insurance Portability and Accountability Act (HIPAA). David Ward asked about the entire cost of implementing a new MIS system. Kevin said approximately \$3.3 million across three years, with \$2.7 million budgeted for the upcoming biennium, 2004 – 2005. More discussion followed about this.

Pertaining to MHDS administration, Kevin explained that only 2% of the total MHDS budget is expended for Division administration. He concluded by explaining the importance of the new MIS for client records to be more portable and allow service providers to keep track of treatment notes. He emphasized that the Division would work to assist the Council members with their advocacy efforts for the Legislative session.

Alyce then asked Ed Cotton to begin his discussion of the Division of Child and Family Services (DCFS) budget as submitted to the Legislature. Ed said he does not have printed budget information available today for distribution, but he can forward the information to the Council at a later time. However, he has a verbal overview of the budget prepared for today. Alyce commented that the Council is aware that the DCFS budget hearing is scheduled for February 20 and members plan to attend for advocacy.

Ed then provided an overview of key DCFS budget items. In developing the budget, he said that staff had to look at making some cuts in underutilized programs, and he discussed some delays with the directives of Assembly Bill (AB) 1, which is focused on the integration of child welfare services to Washoe and Clark Counties. He explained that as a result of AB 1, there was an increase in funding for services to children with SED allocated during the last Legislative session. However, in 2002, the mandatory 3% budget cut removed a portion of the funding for this increase. The proposed budget for the 2004 – 2005 biennium includes restoring these funds to their original level in order to increase services to children with SED.

Ed said he is focused on step down and wrap around programs in order to place children in the least restrictive environment with an emphasis on community-based services. He discussed the comparative levels of care and the savings that can be gained by stepping down levels of care. He said DCFS wants to continue to use community providers to place children in non-residential services and therefore reduce expenditures. He then provided several examples of children that were moved successfully out of residential care. Ed said that the DCFS budget includes closing the eight-bed acute psychiatric care unit for children 12 and under at Desert Willow. He noted that average population for this unit was 4.8 over the past year, which is only about 50% usage.

Karen Taycher asked about frozen staff positions at Desert Willow and whether these adversely affected the use of the eight-bed unit. She explained that when Nevada PEP staff has requested services through this unit, they have been told that either the beds are full or staff is not available to provide services. Ed said there are no frozen service positions at Desert Willow, only frozen positions for administrative and non-direct service staff. He said that all of the service positions have been filled within the last three months. Karen questioned length of time that the underutilization data he quoted has been collected and if it reflects only the past three months, in direct proportion with the full staffing. Ed said the data shows underutilization for the past two years. However, he agreed to look into this based on Karen's comments.

The discussion then turned to other residential facilities operated by DCFS. Ed said that the issue is not always financial, but rather he believes kids can be served better in the community. Joan McCraw asked about children placed at Desert Willow with Medicaid versus private insurance coverage. Detailed discussion followed about this. Rosetta agreed that children are better served in the community. Joan said that sometimes residential treatment is an appropriate setting depending on an individual child's needs. Dave Caloiaro commented on the levels of care and their relationship to Medicaid coverage. Ed said that the intent of these cuts is not to close Desert Willow. He noted that the other acute units are almost at capacity most of the time.

Ed moved on to explain that the proposed budget includes adding six Family Specialist staff in the rural region to assist in providing wrap services as part of AB 1. Kevin asked if the staff will be placed at Rural Clinics. Ed said that their physical placement has not been determined yet. DCFS also proposes adding six Family Specialists in the southern region. He explained that they currently have 10 mental health workers in Neighborhood Care Centers that are funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). However, this grant will end in 2004 and the staff will have to be transitioned to State paid positions. Ed emphasized that the Neighborhood Care Project is a strong program and it is a priority to continue these positions with State funding.

Ed moved on to explain that DCFS is currently involved in several child abuse and neglect lawsuits related to the entry of offenders into the State's Central Registry. He then discussed the proposal for a new, small unit with staff that will work as ombudsmen to help alleviate complaints against DCFS. He provided examples of the types of grievances that might be handled by such staff. He mentioned that this is a priority request from the statewide foster parents association.

Ann brought up the fact that the PACT Team does not accept clients with serious mental illness (SMI) who also have a developmental disability (DD). She underscored that this is a serious concern. David and Kevin both agreed to look into this. Kevin reminded Ann that PACT is administered by MHDS.

David Ward then asked about the total budget increase for DCFS over 2002. Ed said he believes it is approximately 6%. However, he noted that the delay in implementing AB 1 programs affects this calculation. David asked if this includes restoration of the 3% budget cut from 2002. Ed said with some programs, but not all. David said it is his sense that there have been very few increases in the DCFS budget over the last several biennia. Ed agreed, and said that upon taking the job as Division Administrator, the fiscal climate of Nevada could not be predicted. He noted that both staff and he are aware of the adverse effects of the poor State economy.

David pointed out that although the Division Administrators must support the Governor recommended budgets, the Council and Commission members can advocate for more. The discussion turned back toward the underutilization of the eight-bed acute unit at Desert Willow. David suggested that Ed look into the reasons for this based on Karen Taycher's feedback.

Alyce then asked about Summit View and whether it will be reopened. Ed explained that this is a maximum security, 96-bed facility that was formerly privately run. The former operators encountered a variety of problems, terminated their contract with the State, and then the facility was closed. DCFS was then directed to let a request for proposal (RFP) for it to be reopened again by a private provider. Then in 2002, the mandated 3% budget cuts further delayed the reopening. At this point, Ed said that there is debate as to whether it should be reopened by a private provider or run by the State. There is also question by some as to whether it needs to be reopened at all. Ed said there are quite a few children currently placed out-of-state because of the facility's closure, which is very expensive for the DCFS and emotionally difficult for family members. Rather than a Legislative debate over whether it will be publicly or privately run, he believes the larger issue will be whether it will be reopened at all. More discussion followed.

During the discussion of Summit View, David said that his foster son spent time there and that not allowing residents to attend school was sometimes used as a punishment. Ed said this is totally inappropriate. David then said that when his foster son turned 18, he was released without any kind of transitional services. Based on his personal experiences, he does not believe the State is doing a good job of serving children in the juvenile justice system. More discussion followed about this case example.

Karen then brought up Community Connections, which runs the early childhood programs for children zero to three years of age. She said there is currently a plan to move Community Connections to the Health Division, and so she asked why DCFS is budgeting for some of their early childhood staff when it may be moving. Why not ask the Health Division to pay for it? Ed said that although the staff may be moved, the main point is that the children will still receive required services. Karen emphasized that every dollar counts. Ed said that these positions cannot be put into the Health Division's budget because the positions are not housed there yet.

The discussion returned to transitional services from the child to the adult system and detailed discussion followed about it. Ed emphasized that if Summit View is reopened, he would like to obtain consumer and family member input on the service provision to help address some of the concerns expressed.

IV. SYSTEMS INTEGRATION UPDATE – ROSETTA JOHNSON

Alyce Thomas asked Rosetta Johnson to begin her update. Rosetta reviewed her statewide Summit held on November 18 and 19, 2002, in Reno for the purpose of exploring collaborative efforts toward systems integration for persons with mental illness, substance abuse, and other co-occurring disorders. She discussed the statewide participation by agency staff and stakeholders, and stressed the need to promote holistic responses to persons with mental illness. She mentioned the keynote speakers and workshops focused on housing, co-occurring disorders, mental illness, substance abuse, and criminal justice. She then discussed the statewide Steering Committee that was formed to develop a planning process for systems integration. This consists of human services agency staff including Jackie Crawford from the Department of Corrections, Richard Kirkland from the Department of Public Safety, Michael Willden from the Department of Human Resources (DHR), Senator Randolph Townsend, and Assemblywoman Sheila Leslie. Rosetta expressed her gratitude for their support in recognizing the need for systems integration. She then brought up the President's New Freedom Commission on Mental Health and Senator Townsend's membership on this.

Andrew Zeiser then called for the scheduled break.

**** The meeting broke at 2:45 pm, then resumed at 3:00 pm.*

V. GOAL SETTING FOR 2003 LEGISLATIVE SESSION

Alyce Thomas began by asking Jenita Rodriguez and Rosetta Johnson to lead the discussion of Legislative goal setting. Jenita reviewed notes that were developed earlier during lunchtime discussion. She emphasized that the hearings on February 17 and 20 pertain to budget issues, not specific bill draft requests (BDRs). She then outlined general testimony tips:

1. Restrained emotion and heightened passion.
2. Rehearse your presentation.
3. Be factual. Stay on point.

4. Be prepared.

Jenita underscored that at these particular hearings they are not talking about effecting change, but rather supporting the key items contained in the budget. Kevin agreed that there will be other issues to address at other Legislative hearings, but the MHDS hearing is focused on the proposed budget. Alyce interjected to point out that members can address different, specific issues related to the budget such as the emergency room wait times, the need for increased consumer services, reopening Summit View, etc. She agreed that each person should focus on a specific topic. Jenita said that everyone may not have the opportunity to speak, but several people can address a particular issue. She underscored that the Legislature is a business and testimony has to be professional.

Jenita also emphasized the importance of sending correspondence to Legislators indicating support or opposition to key issues. Barbara Jackson suggested using “fresh faces” to show that there is a broad base of support. Bob Bennett pointed out that many of the Legislators are new and have not seen any advocates before. Jenita stressed the importance of not lying to Legislators if individuals do not know the answers to questions set forth during hearings. She said it is best to tell Legislators directly “I don’t know,” and to let them know that information can be forwarded to them at a later time. John Brailsford agreed that Legislators do not want to waste time.

Jenita then moved on to review key issues set forth yesterday and earlier today:

<i>MHDS:</i>	<i>DCFS:</i>
1. Staff for a mobile response team to provide emergency room triage in the southern region.	1. Increase the number of children with SED served statewide.
2. Additional staff for the Psychiatric Emergency Services (PES) Unit in the southern region.	2. Additional Family Specialist staff for the provision of wrap services in the rural areas.
3. New inpatient hospital in the southern region.	3. Additional Neighborhood Care Center staff in the southern region. Transitioning current staff from federal funding to State funding.
4. Additional staff for Medication Clinics statewide.	4. Reopening the Summit View facility.
5. Additional PACT Team staff statewide.	5. Establishing counseling staff at juvenile justice facilities statewide.
6. New Management Information System (MIS) for statewide client administration.	6. Ombudsmen unit to address client arbitration and legal concerns statewide.
	7. Mental Health Consortia recommendations.
	8. Closing the acute inpatient unit at Desert Willow Treatment Center.

There was discussion about disagreement over the items seven and eight of the key issues for DCFS, which were not agreed upon by everyone present. Karen asked that the Council support the Mental Health Consortia recommendations, even though they were not included in the proposed budget for DCFS. She pointed out that the intent of the Consortia was to bring

decision making to the regional level and she believes the Council should respect and support this.

David said his understanding is that at both budget hearings the Legislature will review only what is contained in the Governor's recommended budgets. Based on this, he believes the focus should be on what is contained in the budgets, not what lies outside of them. He pointed out that Legislators may discourage discussion of items outside of the budget.

Karen disagreed and said her concern with this particular issue is that there is a disconnect between what the Council and Commission are doing versus what the Consortia are doing. Regarding David's comments, Karen underscored that she wants to support much of what is contained in the Divisions' budgets, but she believes Council members should have the opportunity to advocate for needed services that may not be included in them. This includes many of the recommendations made by the Consortia.

Andrew Zeiser agreed with Karen that the Council does have specific interests in the work of the Consortia and pointed out the following:

1. During FY 2002, the Council supported the allocation of CMHS Block Grant funds to DCFS to be used for administrative and travel expenses for the members of the Consortia. CMHS Block Grant funds go directly to the three regional groups.
2. Staff from both MHDS and DCFS, along with two Council members, are members of the Consortia.
3. The Consortia develop recommendations and plans at a regional level, thus contributing to community-based service provision, which is a primary focus of the Block Grant.

John Brailsford said he thinks that items outside of the proposed budgets can be discussed at other hearings, not the ones scheduled for the February 17 and 20. David reiterated that the focus should be on items within the budget, and the Council members should advocate for other programs at other hearings that may be more appropriate. Rosetta agreed that there are other opportunities to advocate for separate issues.

Alyce said that she believes the Council as a group should support the proposed budget items. John said that both groups should support the budget items that are agreed upon, and advocate separately for other issues that may not be agreed upon. Alyce pointed out that she herself does not agree with everything in the proposed budgets, but she believes it is important to support the budgets as a unified group. Alyce agreed that the February 17 and 20 are not the only opportunities for advocacy. Barbara Jackson reminded everyone present that Carlos Brandenburg specifically requested support on key budget items for these dates and that supporting both MHDS and DCFS is important. David noted that the MHDS budget increase in particular is quite large in the face of the State's overall deficit. He emphasized that getting the increase approved will require a strong effort.

Jenita then asked the group to work toward consensus on the issues to support during the hearings. She began by asking for consensus on the MHDS budget. Kevin recommended

supporting all of the key items outlined. Alyce said her understanding is that both the Council and the Commission support the MHDS items as discussed. The members agreed.

David reiterated that the disagreement surrounds the DCFS budget items. Alyce followed up by asking that the group move on to discuss the DCFS issues. Ed asked if there are any DCFS items within the proposed budget that are disagreed with besides the eight-bed acute unit closure at Desert Willow. The group agreed that the closure at Desert Willow is the primary bone of contention. Noting that the Mental Health Consortia recommendations lie outside of the current proposed budget, John asked if the group can agree to the DCFS budget items with the exception of the Desert Willow closure. The members agreed.

Alyce suggested that if the Council members agree on the key issues as discussed, she would like to construct a letter in support of them, similar to one issued by the MHDS Commission, to be directed to members of the Legislature that will be at the hearings. The members agreed.

David then asked Karen directly if there are any other issues besides the closing of the eight-bed acute unit at Desert Willow that she is concerned with. Karen, in turn, asked Ed if there are other issues that he feels are important to discuss. Ed said he presented the budget items he believes are important. David explained that Ed will make another presentation on the DCFS budget to the Commission tomorrow, which will prompt further discussion of the issues.

Andrew then suggested that Kevin and Ed review the key issues once more to help summarize them based on the lengthy discussion. Kevin briefly reviewed the MHDS items as outlined above. Eric Albers expressed concern over the closure of the psychiatric residential program at the University of Nevada, Reno. Kevin said he thinks reestablishing this program is included in the proposed budget for MHDS. More discussion followed. Kevin recommended that Eric get clarification on this from Carlos. Jenita then asked Ed to review the DCFS items. He did so as outlined above.

John said two important reasons not to bring up items that the members disagree upon during the budget hearings are the desire to show support for the services to be funded and to present a unified front. Kevin agreed that Legislators will look for “chinks in the armor” and presenting a divided front is not good. However, John emphasized that issues the members disagree upon should be addressed at other hearings. David again underscored the need for advocates to stay focused on budget issues.

Eric asked Ed about possible contention by Legislators over the issues presented. Ed said he does not foresee any objection to the services mandated under AB 1. He believes there will be objection to reopening Summit View based on the discussion outlined above. He also does not see any objections to the rural family positions. However, regarding the Neighborhood Care Center Project, there may be disagreement about the State taking over federally funded positions. Regarding the Mental Health Consortia, he agrees their recommendations are important, but the budget did not allow adding them in. Regarding the Ombudsmen Unit, he does not foresee too much objection. Regarding the closure at Desert Willow, he thinks this will be a hot topic both philosophically and financially. Regarding the juvenile justice counseling positions, he said this

is a complex topic and additional staff will be required in the future. He foresees possible objection to this based on funding.

Kevin agreed that there will be objection to many of the proposed budget items based simply on the need for money to fund them. Ann reminded everyone that Carlos pointed out that Legislators might ask if advocates are willing to pay more, as taxpayers, to fund needed services. She believes the members have to agree in order to present a unified front. John said he is willing to pay more taxes for better services now in order to pay fewer in the future. He believes that improving services now represents an investment that will save money in the future. Extensive discussion followed about the State economy and the need for tax revenues.

David said the Commission will be finalizing their support letter during tomorrow's meeting and determining what they will specifically discuss in it. He pointed out that attaching a personal, real life example to the issues is very important to help get the Legislators to hear the message. He suggested bringing clients and stakeholders to the hearings to discuss personal experiences and how the system impacts their lives. He has seen this to be very effective. He said the same is true for professionals who provide services and deal with problems within the system. John agreed and said there are two things that Legislators find meaningful: logical arguments and a specific story that relates to it.

Alyce said that she will also prepare a letter of support on these issues and plans to attend the hearings on the 17th and the 20th. She expressed her desire to continue working the Commission and advocate toward common goals. Kevin commended both the Council and the Commission members for meeting to work specifically on Legislative advocacy. David said he appreciates the invitation.

More discussion followed about Legislative advocacy.

VI. PUBLIC COMMENT

Public attendees made their comments under the above agenda items.

VII. ADJOURNMENT

The meeting was adjourned at 4:45 pm.